

Nursing Counts

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Nursing Counts, highlighting data that illustrate the value of nursing, appears in *AJN* as a periodic column and is provided by the John A. Hartford Foundation Institute for Geriatric Nursing, Division of Nursing, the Steinhardt School of Education, New York University, New York City, www.hartfordign.org.

FOCUS ON:

Community Health

Community health nurses have a tremendous opportunity to influence the health of older adults. Evidence of the evolution of the community health nurse's role includes the emergence of new programs designed to offset the disparities in services to older adults. Two initiatives described in this *Nursing Counts*—the Program of All-Inclusive Care to the Elderly (PACE), examining how older adults get information on home modification, and transitional care provided by advanced practice nurses—are examples of ways in which nurses assist older adults in remaining as independent as possible.—*Marie Boltz, MSN, CRNP, NHA*

Research Brief

Older Adults with Heart Failure

Transitional care provided by APNs makes a difference.

A recent study by Naylor and colleagues examined the effect of "transitional care" on older adults (mean age, 76) hospitalized with heart failure. In a randomized, controlled trial, patients in the intervention group ($n = 118$) received comprehensive care by specially trained advance practice nurses (APNs) that included individualized care plans across settings; at least eight home visits after discharge, with one within 24 hours and one weekly for the first month at home; and the availability of APNs by telephone seven days a week. The control group ($n = 121$) received the hospital's routine care, which included discharge planning. One year after initial hospitalization, patients in the intervention group showed significantly fewer hospital readmissions, a lower rate of death, fewer hospital days on readmission, and greater satisfaction with care than did patients in the control group. Also, costs in the intervention group were 37.6% lower.

These findings demonstrate the value of transitional care directed by highly skilled APNs who set up discharge plans; provide continuity in holistic care; and collaborate with physicians, patients, family, and community resources.—*Malvina Kluger*

Naylor MD, et al. *J Am Geriatr Soc* 2004;52(5):675-84.

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Family Caregivers and Home Improvements

There may be a knowledge gap.

Well-designed modifications in the homes of older adults, such as grab bars in the bathroom or handrails on stairs, are known to confer important benefits: they can facilitate function, preserve dignity, and improve the quality of life. But many family caregivers are uninformed about the types of modifications available and how they can be obtained and installed. At the School of Nursing at Oregon Health and Science University in Portland in 2000 and 2001, we conducted focus groups, as part of a study titled "Environmental Modification Information for Caregivers," with 43 caregivers of older adults with chronic conditions. The results were surprising. Caregivers were displeased with the three most common ways they obtained information about home modifications: catalogs, television, and the Internet.

Participants identified the following as essential to the information they receive on home modifications:

- **a tailored focus**—information geared toward the types of problems they are trying to solve
- **ready availability**—information that's easy to obtain when needed
- **credible sources**—resources more trustworthy than companies that have a commercial interest in their purchase of a product

Given their lack of confidence in choosing among alternatives, caregivers wanted guidance from skilled professionals (such as nurse case managers and occupational therapists) and more experienced caregivers in selecting appropriate home modifications. Unfortunately, many caregivers reported that they had little access to such professionals.

Clearly, typical strategies for informing caregivers about home improvements aren't adequate. Nurses could fill this gap, but only if they have adequate information on the available resources (Web sites, guides for equipment prescription and ordering, lists of community resources).

—*Deborah Messecar, PhD, MPH, RN, CS*

This research was supported by the American Nurses Foundation (grant # 98-106) and the Alzheimer's Disease Center National Institute on Aging (grant # P30 AG08017). It was reported in the following: Messecar D, Miller L. Caregiver criteria for useful home modification information [Abstract]. *Gerontologist* 2001;41(Suppl 1):387; Messecar D. *Abstract from the Valencia Forum, April 1-4 2002: Caregiver criteria for useful home modification information.* <http://www.valenciaforum.com/abstracts/195.html>.

Keeping PACE with Older Adults

The Program of All-Inclusive Care to the Elderly.

PACE—the Program of All-Inclusive Care for the Elderly—serves older adults in 18 states who need long-term care and want to remain in the community. PACE provides a cost-effective approach to the provision of comprehensive care to Medicare and Medicaid beneficiaries. Providing health care and social services by an interdisciplinary team, PACE includes adult day health care, as well as primary, specialty (such as dentistry, optometry, and cardiology), ancillary, and home care; hospital and nursing home care; medication oversight; and transportation to medical appointments. PACE is available to anyone age 55 or older who meets state criteria for nursing home admission, resides in the service area, and can live safely in the community.

There were 9,028 participants in PACE in 2003. The average participant was over age 80; had eight diagnosed medical conditions; took seven prescribed medications; and needed help

with 2.52 activities of daily living, including bathing, dressing, grooming, using the bathroom, walking, and eating. Almost two-thirds suffered from cognitive deficits. In 2003 PACE participants averaged hospital stays of 2,581 days per 1,000 enrollees, and 7% resided in nursing homes. This is in keeping with the most recent data available on the general elderly population: in 2001, in people ages and over 75, there were 2,734 days of hospitalization per 1,000 people, and in 1999 18% of those ages 85 and over resided in nursing homes (calculated according to data from the U.S. Census and the National Nursing Home Survey).

Each PACE center combines adult day health care and primary care, has its own interdisciplinary team, and serves between 70 and 150 participants. The team includes at least one each of the following: physicians, nurses, social workers, occupational and physical therapists, dietitians, recreational therapists, managers, and others such as driv-

ers and home care workers. The team assesses each participant before enrollment and, along with the participant and family, decides upon a treatment plan. All participants are assessed at least every six months (more frequently if needed). PACE programs feature strong nursing leadership and emphasize professional nursing values: they provide person-centered, comprehensive care that's interdisciplinary, of high quality, and committed to innovative problem solving while remaining affordable.

On Lok SeniorHealth Services in San Francisco created the prototype for PACE in the early 1970s, and it spread to other communities with the support of the John A. Hartford Foundation, the Robert Wood Johnson Foundation, the Retirement Research Foundation, and other major foundations. Since 1997 Medicare and Medicaid have provided most PACE funding through monthly capitation payments to approved non-profit organizations. Today, there are 32 PACE providers in 18 states; another 12 pre-PACE programs operate under Medicaid only, and dozens more are under development.

To consumers, PACE provides one-stop shopping for health care, as well as support to live in the community as long as possible. To health care organizations, PACE offers control over the range of services and freedom from traditional fee-for-service reimbursement restrictions. To payers, PACE yields cost savings. For more information, visit www.npaonline.org.

—Jennie Chin Hansen, MS, RN, and Carol Van Steenberg, MSS

FAST FACTS

- ▼ In 2000, 71% of home health care recipients were ages 65 and over.
- ▼ Of older adults living in the community in 2003, those who needed help with personal care from others included 3% of adults ages 65 to 74, 7% of adults ages 75 to 84, and 23% of adults ages 85 and over.
- ▼ In 2002 more than 1.6 million fall-related injuries to persons ages 65 and over (4,603 per 100,000 population) were treated in EDs, and more than 351,000 (21%) resulted in hospitalization.

Centers for Disease Control and Prevention, National Center for Health Statistics, National Home and Hospice Care Data. 2004. <http://www.cdc.gov/nchs/data/nhhcsd/curhomecare.pdf>; Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. 2003. http://www.cdc.gov/nchs/data/nhis/earlyrelease/200406_12.pdf; Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System: Nonfatal Reporting System. 2002. <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>.

Percentage by Age Group of Community-Residing Older Adults with Moderate or Severe Memory Impairment, in 2000

Age	Percentage
65–69	4
70–74	10
75–79	12
80–84	21
85+	33

Federal Interagency Forum on Aging-Related Statistics. 2000. <http://www.agingstats.gov/chartbook2000/tables-healthstatus.html#indicator%2015>.

Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey. 2003. <http://www.cdc.gov/nchs/data/hus/tables/2003/03hus090.pdf>; Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey. 2002. http://www.cdc.gov/nchs/data/nhhsd/NNHS99CurrentRes_selectedchar.pdf. 3. U.S. Census Bureau, Population Division, Population Projections Program. 2000. <http://www.census.gov/population/projections/nation/summary/np-t3-a.txt>. ▼